



# Illinois Department of Revenue

## ST-2-X Amended Multiple Site Form

Attach to Form ST-1-X.

REV 001

FORM 010

Do not write above this line.

IBT number \_\_\_\_\_

Business name \_\_\_\_\_

Amended tax period \_\_\_\_\_

Write the figures that should have been filed. You must round your figures to whole dollars.

Base (a) X rate = tax (b)

Site where taxable sales were made

Location code \_\_\_\_\_

Site name \_\_\_\_\_

Site address \_\_\_\_\_

City, state, ZIP \_\_\_\_\_

General merchandise

4a \_\_\_\_\_ X <sup>(rate)</sup> \_\_\_\_\_ = 4b \_\_\_\_\_

Food, drugs, and medical appliances

5a \_\_\_\_\_ X <sup>(rate)</sup> \_\_\_\_\_ = 5b \_\_\_\_\_

Receipts taxed at other rates

8a \_\_\_\_\_ 8b \_\_\_\_\_

Location code \_\_\_\_\_

Site name \_\_\_\_\_

Site address \_\_\_\_\_

City, state, ZIP \_\_\_\_\_

General merchandise

4a \_\_\_\_\_ X <sup>(rate)</sup> \_\_\_\_\_ = 4b \_\_\_\_\_

Food, drugs, and medical appliances

5a \_\_\_\_\_ X <sup>(rate)</sup> \_\_\_\_\_ = 5b \_\_\_\_\_

Receipts taxed at other rates

8a \_\_\_\_\_ 8b \_\_\_\_\_

Location code \_\_\_\_\_

Site name \_\_\_\_\_

Site address \_\_\_\_\_

City, state, ZIP \_\_\_\_\_

General merchandise

4a \_\_\_\_\_ X <sup>(rate)</sup> \_\_\_\_\_ = 4b \_\_\_\_\_

Food, drugs, and medical appliances

5a \_\_\_\_\_ X <sup>(rate)</sup> \_\_\_\_\_ = 5b \_\_\_\_\_

Receipts taxed at other rates

8a \_\_\_\_\_ 8b \_\_\_\_\_

Location code \_\_\_\_\_

Site name \_\_\_\_\_

Site address \_\_\_\_\_

City, state, ZIP \_\_\_\_\_

General merchandise

4a \_\_\_\_\_ X <sup>(rate)</sup> \_\_\_\_\_ = 4b \_\_\_\_\_

Food, drugs, and medical appliances

5a \_\_\_\_\_ X <sup>(rate)</sup> \_\_\_\_\_ = 5b \_\_\_\_\_

Receipts taxed at other rates

8a \_\_\_\_\_ 8b \_\_\_\_\_

Location code \_\_\_\_\_

Site name \_\_\_\_\_

Site address \_\_\_\_\_

City, state, ZIP \_\_\_\_\_

General merchandise

4a \_\_\_\_\_ X <sup>(rate)</sup> \_\_\_\_\_ = 4b \_\_\_\_\_

Food, drugs, and medical appliances

5a \_\_\_\_\_ X <sup>(rate)</sup> \_\_\_\_\_ = 5b \_\_\_\_\_

Receipts taxed at other rates

8a \_\_\_\_\_ 8b \_\_\_\_\_

Location code \_\_\_\_\_

Site name \_\_\_\_\_

Site address \_\_\_\_\_

City, state, ZIP \_\_\_\_\_

General merchandise

4a \_\_\_\_\_ X <sup>(rate)</sup> \_\_\_\_\_ = 4b \_\_\_\_\_

Food, drugs, and medical appliances

5a \_\_\_\_\_ X <sup>(rate)</sup> \_\_\_\_\_ = 5b \_\_\_\_\_

Receipts taxed at other rates

8a \_\_\_\_\_ 8b \_\_\_\_\_

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## General Information

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### Who should file this form?

You should file this form if you need to change information or figures that you filed on your original Form ST-2. You may either

- photocopy your preprinted Form ST-2 and make your changes on that form, or
- fill out Form ST-2-X for only those locations whose figures or information you are changing.

Attach this form to your Form ST-1-X.

### If you fill out form ST-2-X, follow these instructions:

Write your Illinois business tax (IBT) number, business name and amended tax period on this form.

Write the location code of the site if you know it.

Write the name and address of the site.

Follow the step-by-step instructions for each site whose figures or information you are changing.

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## Step-By-Step Instructions

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When writing your figures, please use whole dollar amounts by dropping amounts of less than 50 cents and increasing amounts of 50 cents or more to the next higher dollar.

**Note:** For any of the lines 4a through 8b, if you are reducing the amount originally reported to zero, write zero on the line. Leaving the line blank may delay the processing of your return.

Write the appropriate tax rate for your location on the lines provided.

### Figure the tax due for each site

#### Line 4a General merchandise base

For each site whose figures or information you are changing, write the total amount you received from your sales of general merchandise, plus the amount you received from general merchandise you sold in performing your service. Do not include tax.

**Line 4b** Multiply Line 4a by the tax rate.

#### Line 5a Food, drugs, and medical appliances base

For each site whose figures or information you are changing, write the total amount you received from your sales of qualifying food, drugs, and medical appliances, plus the amount you received from the qualifying food, drugs, and medical appliances you sold in performing your service. Do not include tax.

**Line 5b** Multiply Line 5a by the tax rate.

#### Line 8a Receipts taxed at other rates

For each site whose figures or information you are changing, write the total amount you received from your sales that were made at rates different from the rates in lines 4a and 5a. This includes

- the amount you received from sales (such as installment sales) for general merchandise and qualifying food, drugs, and medical appliances; plus
- the amount you received from general merchandise and qualifying food, drugs, and medical appliances you sold in performing your service; plus
- the amount you received from general merchandise and qualifying food, drugs, and medical appliances you sold to a user in Illinois; plus
- the amount you received from general merchandise and qualifying food, drugs, and medical appliances you sold for use in Illinois in performing your service.

Do not include tax.

**Line 8b** Multiply each specific amount in Line 8a by the correct tax rate, add the results, and write the total on Line 8b. Do not include tax.